

LOUISIANA CRIME VICTIMS REPARATIONS

INSTRUCTIONS FOR PROVIDER CERTIFICATION FOR A VICTIM OF CRIME

What is CVR and how will this benefit my patient/client?

The Crime Victims Reparations fund (CVR), is a statewide program that assists victims of crime and secondary victims to pay for the financial costs of the crime when they have no other means of paying. In order to qualify, a victim must have one of the following: (1) a police report (2) court documents relevant to crime (3) a report from a prosecuting attorney (4) or this certification from a licensed healthcare provider. Victims who qualify may be able to get assistance from CVR with medical bills, relocation for safety, lost wages, mental health counseling, funeral expenses and more.

What Crimes Qualify for the CVR program: Crimes that involve the use of force or the threat of the use of force and result in personal injury, death or catastrophic property loss. These crimes include domestic violence, sexual assault, homicide, assault, human trafficking, etc. Qualifying motor vehicle related crimes are limited to DWI, Hit and Run, victim of a driver who is fleeing apprehension by law enforcement, or a victim whose injuries were intentionally inflicted with a vehicle.

To certify that someone you are treating/serving in a professional capacity is a victim of a qualifying crime, you must:

- 1) Fill out the "Provider Certification for a Victim of Crime" form completely. Providing clear and detailed information makes it easier for the Board to make a determination about their eligibility.
- 2) Please attach any additional documentation such as medical records, court orders, letter from provider, etc. All attachments must be on letter-sized paper.

To turn in this form, there are two options:

- 1) Return completed form and any attachments to the victim. Victim must attach your certification to their "Application for Crime Victims Reparations" and any other CVR reimbursement forms, and turn all documents in to the Claims Investigator (CI) in the parish where the crime occurred, or
- 2) You can turn this form in directly to the Claims Investigator in the parish where crime occurred. Please note that nothing will be processed until the victim turns in their application paperwork to the CI.
 - To find Claims Investigator contact info here: www.lcle.state.la.us/programs/crime-victims-reparations/crime-victims-resources

Need Help or have questions?

- Contact the Claims Investigator in the parish where the crime occurred
- Contact the CVR Board Staff at 225-342-1749

*** Please note that this form is only for verifying that a victim is eligible for the CVR program.**

If a victim is applying for medical or mental health reimbursement from CVR, the victim/provider must also include the "Medical Expense Claim form" or the "Mental Health Claim Expense form" in addition to this form and the "CVR Application".

CVR# _____

LOUISIANA CRIME VICTIMS REPARATIONS BOARD
PROVIDER CERTIFICATION FOR A VICTIM OF CRIME

CVR Office: (225) 342-1749 | Nationwide Toll-Free (888) 6-VICTIM | www.lcle.la.gov/cvr

In order for your application to be processed, you must complete all information on this application.
PLEASE PRINT! You have one year from the date of the crime to file this application. If you are filing later than one year, you must attach a letter of explanation. Please remember, the Crime Victims Reparations Board is **NOT** responsible for your bills.

Please fill out this application completely.

VICTIM/SECONDARY VICTIM INFORMATION

Victim (or secondary victim) Name: First: _____ Middle: _____ Last: _____

Please check if secondary victim: ☐ yes ☐ no

Victim (or secondary victim) Date of Birth: _____ Date of Crime: _____

Victim age at time of crime: _____

Type of Qualifying Violent Crime(s): _____

Did the offense occur in Louisiana? ☐ yes ☐ no Parish where crime occurred: _____

Address/location where crime occurred: _____

Was the crime reported to law enforcement: ☐ yes ☐ no If yes, Police Department: _____

Item number: _____

INFORMATION FOR PROVIDER DOING CERTIFICATION

Provider Name _____ Agency: _____ Phone _____

Provider Workplace Address _____
(Street, City, State, & Zip Code)

Discipline:

☐ Attorney ☐ Doctor/MD ☐ Law Enforcement ☐ Licensed Clinical Social Worker ☐ Licensed Professional Counselor ☐ Nurse/NP

☐ Other: _____ Louisiana License/Bar Number: _____

Louisiana Commission on Law Enforcement
Crime Victims Reparations
P.O. Box 3133
Baton Rouge, LA 70821

VICTIM OF CRIME CERTIFICATION

Please provide a brief summary of the incident and victim's involvement (PLEASE PRINT LEGIBLY, OR TYPE):

Describe any injuries (physical or emotional) the victim sustained from the crime (attach medical documentation if applicable):

What is your relationship to victim (i.e., victim's doctor, counselor, etc.)?

What date(s) did the victim report this crime to you:

Please check all that apply: ☐ I certify that the applicant is a victim of a qualifying crime to the best of my knowledge.

☐ Victim was informed about the submission of this certification.

Disclaimer:

☐ I am not compensated by any federal grant funds to provide services to crime victims.

☐ I hereby certify under oath the information contained herein to be true and correct, to the best of my knowledge, under penalties of perjury.

Provider Signature (to be signed in original blue ink):

Date: _____

Print Name:

Date: _____

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